



PATENT
Docket No. 99556466

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of:)

RACETTE *et al.*)

Serial No.: 09/686,733 ✓)

Filing Date: October 11, 2001 ✓)

For: CLEANING SYSTEM UTILIZING)
AN ORGANIC CLEANING)
SOLVENT AND A PRESSURIZED)
FLUID SOLVENT)

Group Art Unit: 1746

Examiner: G.E. Winter

#11
AS
6/13/3

Commissioner for Patents
Mail Stop: Fee Amendment
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

JUN 09 2003

TC 1700

AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for the subject application.

2. Applicant is ☒ a small entity.
☐ other than a small entity.

3. **Extension of Term:**

☒ Applicant petitions for an extension of time under 37 C.F.R. §1.136 for the total number of months checked below:

| Extension (months) | Fee for other than small entity | Fee for small entity |
|-----------------------------------------------|------------------------------------|-------------------------|
| <input checked="" type="checkbox"/> one month | \$110.00 | \$55.00 |
| <input type="checkbox"/> two month | \$410.00 | \$205.00 |
| <input type="checkbox"/> three month | \$930.00 | \$465.00 |
| <input type="checkbox"/> four month | \$1,450.00 | \$725.00 |

FEE: \$55.00

OR

☐ Applicant believes that no extension of term is required. However, this is a conditional petition being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

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55.00 OP

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4. The fee for claims has been calculated as shown below:

| Claims remaining after amendment | Highest number previously paid for | Present Extra | Small entity | | Large Entity | |
|----------------------------------|------------------------------------|---------------|--------------|----------------|--------------|----------------|
| | | | Rate | Additional Fee | Rate | Additional Fee |
| Total 102 | 58 | x 44 | \$9.00 | = \$396.00 | \$18.00 | \$ |
| Independent 6 | 6 | x 0 | \$42.00 | = \$ 0.00 | \$84.00 | \$ |
| Multiple Dependent Claim Fee | | | \$140.00 | = \$140.00 | \$280.00 | \$ |
| Total Additional Fee | | | | = \$536.00 | | \$ |

☐ No additional fee for claims is required.

☒ Total additional fee for claims required: \$536.00


5. Fee Payment/Deficiency

☒ Attached is a check in the amount of \$591.00

☐ Authorization is hereby made to charge the amount of \$ _____ to Deposit Account No. 13-0019

☒ Charge any additional or deficient fees required by the paper or credit any overpayment to Deposit Account No. 13-0019. A duplicate paper is attached for this purpose.

Respectfully Submitted,



Thomas R. Stiebel, Jr.
Reg. No. 48,682

Date: May 30, 2003

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